PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/537,599			ing Date 02/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	.,,	1	N/A	,,,
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	Ε	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		,		x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	ıs	minus 3 =				x \$ =		1	x \$ =	
APPLICATION SIZE FEE (37 CFR 1.18(s))			ets of pape 250 (\$125 tional 50 s	er, the applica for small entit sheets or fract	rings exceed 100 tion size fee due ty) for each ion thereof. See 17 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED — PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	07/20/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 7	Minus	20	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0	l	X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))								П		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,18(i))		Minus		=		x \$ =		OR	x \$ =	
Σ	Independent (37 CFR 1,16(h))		Minus	**	=		x \$ =		OR	x s =	
ᇳ	Application Size Fee (37 CFR 1.16(s))]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is recovered by 30" (ST PLI 1.6). The information is nowned to obtain or retain a benefit by the bugble which is to file (and by the USPTO) to											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public within is in feel (and by the USFTO to process) an application. Confidentiality is govered by 80 USS c. 12 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandris, VA 2213-31450.